

## CHANGE OF CATALOG YEAR AUTHORIZATION FORM

By completing and signing this form I understand I am opting to follow the curriculum requirements based on the catalog year indicated below. I cannot revert back to my original catalog year at any point and my applicable credits may differ.

### STUDENT INFORMATION

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Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Major: \_\_\_\_\_ New Catalog Term/ Year: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### DEPARTMENT CHAIRPERSON/PROGRAM DIRECTOR DECISION

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Approved  Denied

Reasons/Comments:

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Printed Name of Authorized Approver:

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Approver:

\_\_\_\_\_ Date \_\_\_\_\_

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**Enrollment Services Use Only:**

Athlete Attribute: \_\_\_\_\_ Date entered in student record: \_\_\_\_\_ Completed By: \_\_\_\_\_

3/26/20 MS